FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

| SECTION 1 - General Information | š | | | | | | | | | | | | | | | |
|---|--------------------|---------------|-------------------------|---|---------------------|------------------------------|------------|------------------------|--|-----------------------|---------------------|------------------------------|-------|---------------------------|--|------------------|
| 1. Name and Mailing Address of Respondent Santel Communications Cooperative Inc. PO Box 67 Woonsocket, SD 57385 | Respond Ins Co. | ent operat | ive Inc. | | | | | | | | | | | Check h is a char address | Check here if this is a change of address. | |
| 2. Year Report Filed | | 3 | Reporting Period Cor | Reporting Period (Ending Date of Pay Period Covered by Report) | g Date of Pay | | | 4. Number of Reporting | Number of Full-Time Employees during Selected Reporting Period (check one): | nployees durir | ng Selected | | : | | | |
| 2018 | | | 5/18/18 | O New York | ar, | | L <u>-</u> | a. 11 Fey | Fewer than 16 (complete Sections I, IV, and V only) 13 16 or more (complete all sections) | omplete Section | ons I, IV, and | V only) | | ! | | |
| SECTION II - Full-Time Employees | 965. | | ļ | | | | | | | | | | | | | |
| | | | | | | | _ | Num Report emplo | Number of Employees (Report employees in only one category) | yees one category) | | | | | ŀ | |
| ļ | | | | | | ļ | ļ | | Race/Ethnicity | | | | | | | |
| Categories | | Hispanic or | ic or | | | | | | Not-Hispanic or Latino | c or Latino | | | | | | Total |
| , | | Latino | 5 | | | Male | T | | | | | Female | ale | | | Columns A - N |
| | 3 | Maie | Female | White | Black or African | Native Hawaiian or | Asian | American Indian or | Two or more | White | Black or African | Native Hawaiian or | Asian | American Indian or | Two or more | |
| | | | | | American | Other Pacific Islander | | Alaska Native | | | American | Other Pacific Islander | | Native | | |
| | | ^ | В | С | ם | E | F | G | I | - | د. | ~ | _ | 3 | z | 0 |
| Executive/Senior Level 1 | 1.1 | | | 1 | | | | | | | | | | | | - |
| First/Mid-Level Officials and 1 | 1.2 | | | ı | | | | | | 2 | | | | | | s |
| Professionals | 2 | | | | | | | | | _ | | | | | | - |
| Technicians | ω | | | 18 | | | | | | | | | | | | 18 |
| Sales Workers | 4 | | | | | | | | | | | | | | | 0 |
| Administrative Support Workers | · σ ₁ | | | 2 | | | | | | 2 | | | | | | 4 |
| Craft Workers | 6 | | | | | | | | | | | | | · | | 0 |
| Operatives | 7 | | | | | | | | | | | | | | | 0 |
| Laborers and Helpers | œ | | | | | | | | | | | | | | | 0 |
| Service Workers | 9 | | | | | | | | | | | | | | | 0 |
| TOTAL | 10 | 0 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 29 |
| PREVIOUS YEAR TOTAL | = | | | | | | | | | | | | | | | 0 |
| _ | | | | | | | | | | | | | | | | |

| SECTION III - Part-Time Employees. | yees. | | | | | | | Zum | Number of Employees | yees | | | į | | |
|---|--|---|---|--|---|--|---|---|---|--|--|---|---------------------------------------|---|-------------------|
| Į. | | | ! | | | | | (Report emplo | (Report employees in only one category) Race/Ethnicity | one category) | | | | | |
| Categories | _ | Hispanic or | | | 1 | i | | | Not-Hispanic or Latino | ic or Latino | | ; | | | |
| ı | | Latino | | | | <u>x</u> | Male | | | | | Female | nale | | |
| | Male | | Female | White | Black or African American | Native Hawaiian or Other Pacific | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific | Asian | American Indian or Alaska Native | Two or more races |
| | > | | В . | C | 0 | ш | FI | G | т | - 1 | د | * | L | × | z |
| Executive/Senior Level Officials and Managers | 1.1 | - | _ | | | | | | | | | | | | : |
| and | 1.2 | | | | | | | | | | | | | | |
| Professionals | 2 | | _ | | | | | | | | | | | | |
| Technicians | ω | | | 2 | | | | | | | | | | | ' |
| Sales Workers | 4 | | | | | | | | | | | | | · | |
| Administrative Support | ڻ ن | | | | | | | | | 3 | | | | | |
| Craft Workers | 6 | | | 2 | | | i | | | 1 | | | | | |
| Operatives | 7 | | | | | | | | | | | | | | |
| Laborers and Helpers | <u> </u> | | | | | | | | | | | | | | |
| Service Workers | œ | - | | - | | | | | | | | | | | |
| TOTAL | 0 | | - | 5 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| PREVIOUS YEAR TOTAL | = | _ | | | | | | | | | | | | | |
| SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311. | mination C | omplaints | Pursuan | to 47 CFR | 22.321, 23.5 | 5, 90.168, 10 | 1.4, and 101 | 311. | | | ē | | | | |
| This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. | e Commissi ny body havi e Commissi ting parties | on that no ing compe on that the involved, o | complaint tent jurisdi following tate filed, | s regarding ction in such complaints courts or ag | violations of h matters dur alleging viola encies before | the equal empting the calence tions of the partions of the partions of the materials which the materials are set of the materials. | oloyment provider year cove for a rovisions of a atter has been | visions of Fed pred by this rej rny equal emp in heard, file n | eral, state, ter cort. byment oppo umber or othe | ritorial, or loca rtunity statute ar designation | al statutes have have been file, and current | ve been filed a ded against this status or dispo | gainst this s company. osition. | | |
| SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct. | owledge, in | formation, | and belief | ali stateme | ents in this re | port are true a | and correct. | ŀ | | | | | | | |
| Date | Typed or Printed Name of Person Signing | nted Name | of Persor | Signing | | | Signature | À | | | | | Telephone No. | 10 A A 1 | , |
| | Ryan Thompson | homp | son | | | | <i>'</i> | 1 | | | | | (605) | (605) 796-4411 | |
| Title of Person Signing | ! | | | | OF ANY ST | FALSE STATION LICEN | TEMENTS M | ACTION THE | PERMIT (47 | PUNISHABL U.S.C. 312 (A |)(1) AND/OR | WILLFULLY FALSE STATEMENTS MAGE ON THIS FORMARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT)(47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). | SONMENT (1 | 8 U.S.C. 100 503). | AND/OR |